

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 3, 2016

Cindy Jerome,  
The Bradley House  
65 Harris Avenue  
Brattleboro, VT 05301-2948

Dear Ms. Jerome:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 20, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

MAR 02 2016

PRINTED: 02/04/2016  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 01/20/2016
NAME OF PROVIDER OR SUPPLIER  THE BRADLEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 65 HARRIS AVENUE BRATTLEBORO, VT 05301		
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R100	Initial Comments:  An unannounced on-site re-licensing survey was conducted by the Division of Licensing and Protection on 1/19 and 1/20/16. There was also an investigation of two anonymous complaints in conjunction with the re-licensure survey, which there were no regulatory findings. There were regulatory findings surrounding the re-licensing survey.	R100		
R165 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the resident's condition and the effect of medications, as well as changes in medications; iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that unlicensed staff are	R165	The RN met with the staff designated to assist with medication management on 1/12/16 and reviewed the Home's policies and procedures for assisting with medications. The discussion included: hand washing, review of MAR, and the rights of medications: right drug, right dose, right route, right time, right resident, and right documentation. Medication labels will be checked against the MAR three times before assisting a resident with medications: prior to removing the medications from the bubble pack; as each med is prepared, all forms of medication labels will be read and compared to the MAR; and immediately before assisting a resident with medications. The correction was made immediately with Resident #3's Potassium Chloride. The med is diluted in 4 oz. of cranberry juice.	1/21/16

Division of Licensing and Protection  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

QQW311

If continuation sheet 1 of 17

R165-R302 PDC's accepted 3/3/16 B. Boddell RN/PMC

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R165	Continued From page 1  properly administering medications to 1 of 8 residents observed, Resident #3. Findings include:  Per observation on 1/19/16 at 9:55 AM the medication delegated care giver prepared medications for Resident #3 and proceeded to administer the medications to the resident. The caregiver failed to dilute the Potassium Chloride Oral 10% 20meq/15 milliliters as per instructions of the manufacturer as written on the label of the bottle. The care giver confirmed that s/he had not diluted the medication and stated that s/he was unaware that it had to be diluted. Per interview, the Registered Nurse at 10:05 AM stated that they are responsible for training the medication delegated staff and that s/he had not made it clear to read the labels of the bottles and not to just look at the prescription label.	R165		
R169 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.e Staff responsible for assisting residents with medications must receive training in the following areas before assisting with any medications from the licensed nurse:  (1) The basis for determining "assistance" versus "administration". (2) The resident's right to direct the resident's own care, including the right to refuse medications. (3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident, medication, dose, time, route.	R169		

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R169	Continued From page 2  (4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives. (5) The home's policies and procedures for assistance with medications.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that 2 of 2 unlicensed staff administering medications to residents have been trained by the Registered Nurse in the required areas of medication administration. Findings include:  Review of medication training for unlicensed staff on 1/20/16, presented that two unlicensed staff did not complete the required training. At 12:25 PM per interview with the Registered Nurse (RN), s/he provides the staff with a training packet and checklist upon hire. S/he reviews the packet with the employee and does training. There are quizzes that are taken and then they are to watch a medication pass with a medication delegated staff. The checklist is signed as each step is completed and the RN watches the first administration. The RN said that s/he does not have them demonstrate back that they understand the process. The RN stated that s/he cannot provide evidence that the two unlicensed staff had been trained in all areas of medication administration.	R169	The RN is responsible for the implementation of the medication orientation program, which includes: written and verbal instruction, demonstration by the RN, return demonstration by the staff member and the successful completion of a medication pass under the direct supervision of the RN. The RN determines when the staff is competent to assist the residents with medications independently. On a yearly basis and as needed the RN will review all components of the medication management program with each qualified staff. The RN will document the successful completion and all reviews of the program. The paper work is in place for this process. The RN did not have the two newly hired staff's paper work up to date at the time of the survey.	1/25/16
R171 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.g Homes must establish procedures for	R171		

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R171	<p>Continued From page 3</p> <p>documentation sufficient to indicate to the physician, registered nurse, certified manager or representatives of the licensing agency that the medication regimen as ordered is appropriate and effective. At a minimum, this shall include:</p> <ul style="list-style-type: none"> <li>(1) Documentation that medications were administered as ordered;</li> <li>(2) All instances of refusal of medications, including the reason why and the actions taken by the home;</li> <li>(3) All PRN medications administered, including the date, time, reason for giving the medication, and the effect;</li> <li>(4) A current list of who is administering medications to residents, including staff to whom a nurse has delegated administration; and</li> <li>(5) For residents receiving psychoactive medications, a record of monitoring for side effects.</li> <li>(6) All incidents of medication errors.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record reviews the facility failed to insure that 3 of 3 residents reviewed, Residents #1, 2 and 3, were monitored for side effects of psychoactive medications. Findings include:</p> <p>1.) During an interview on 1/20/16 at 3:15 PM, the Registered Nurse (RN) was asked if there were any residents that were receiving psychoactive medications and s/he responded that there were currently residents receiving psychoactive medications. Per review of the medication administration record and the medical chart, Resident #1 receives Seroquel 12.5 mg (milligrams) by mouth (po) every evening at 8:00 PM. There is no evidence that the staff is</p>	R171	<p>The house pharmacy (Health Direct) provides a very thorough tracking system for the psychoactive medications administered to residents # 1, 2, 3. The RN misunderstood the intent of the tracking and was monitoring behaviors observed rather than the side effects of the medications. This was immediately corrected following the survey.</p>	1/25/16

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R171	Continued From page 4  monitoring or documenting for the side effects of the medication they are administering. The RN confirmed at this time that there is no monitoring for side effects of the psychoactive medication.  2.) Per review of the medication administration record and the medical chart, Resident #2 receives Seroquel 25 mg po every day at 12 Noon. There is no evidence that the staff is monitoring or documenting for the side effects of the medication they are administering. The RN confirmed at this time that there is no monitoring for side effects of the psychoactive medication.  3.) Per review of the medication administration record and the medical chart, Resident #3 receives Seroquel 12.5 mg po every day at 8:00 PM. There is no evidence that the staff is monitoring or documenting for the side effects of the medication they are administering. The RN confirmed at this time that there is no monitoring for side effects of the psychoactive medication	R171			
R172 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label.  This REQUIREMENT is not met as evidenced by: Based on observations and staff interview the facility failed to insure that all chemicals used in the home were labeled in accordance with	R172	The Executive Director met with both housekeepers to review the regulations. Only clearly labelled bottles will be used for cleaning products.		2/26/16

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R172	Continued From page 5  currently accepted professional standards of practice. Findings include:  During a tour of the facility, while accompanied by the Registered Nurse (RN) on 1/19/16, we entered an empty room at 10:55 AM on the second floor. There were several bottles of cleaning products on a shelf and there were All Purpose spray bottles that are refillable. One of the bottles was painted black over the original printing on the bottle and there was nothing to indicate what was in the bottle. Per confirmation with the RN at this time, the room was not locked and s/he did not know what was in the bottle and there was no way of being able to tell without a label. There was also a bottle that had markings written on it that was smudged and the RN confirmed that s/he did not know what was in the bottle and it was not labeled correctly. One of the bottles contained 'Windex', but the RN said that s/he could not be sure that it was Windex in the spray bottle.	R172		
R179 SS=C	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:  (1) Resident rights; (2) Fire safety and emergency evacuation;	R179		

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R179	<p>Continued From page 6</p> <p>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</p> <p>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</p> <p>(5) Respectful and effective interaction with residents;</p> <p>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</p> <p>(7) General supervision and care of residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to provide at least twelve (12) hours of training each year for 3 of 5 direct staff caregivers. Findings include:</p> <p>During review of the employee training records on 1/19/16, 3 of 5 employees did not have complete training provided. There was no evidence that training had been provided for 2 of the 3 for Resident Rights; 2 of the 3 for Fire Safety; 1 of the 3 for Emergency Response and First Aid; 2 of the 3 for Abuse/Neglect and Exploitation; 2 of the 3 for Respectful Effective Communication; 1 of the 3 for Infection Control and 2 of 3 for General Care and Supervision. The 3 employees that did not have the required training have been employed by the facility for greater than 3 years. The Registered Nurse Care Administrator confirmed at 4:10 pm, that s/he has no evidence that the training has been provided. S/he thought that some of the employees may have been absent during the training. S/he confirmed that s/he (who is responsible for the training) made</p>	R179	The house provides twelve (plus) hours of training each year for staff persons providing direct care to residents. All training to meet the requirements of 5.11.b is documented. A policy has been established for staff persons that miss scheduled trainings. The staff will be given written materials from the training and asked to write a 1 page paper on the topic presented. The RN will assist staff with this process, and when applicable a return demonstration will be requested of the staff.	2/22/16



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R179	Continued From page 7 arrangements to provide training at another time if all employees are not present.	R179		
R191 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.12 Records/Reports  5.12.c A home must file the following reports with the licensing agency:  5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file.  5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file.  5.12.c.(3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.  5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an	R191	The Executive Director is now aware that the elevator is considered a major service, on par with water and heat, and will notify Licensing if there is another breakdown or cessation of service.	1/21/16

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R191	Continued From page 8  incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.  5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.  5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.  This REQUIREMENT is not met as evidenced by: Based on observation and resident and staff interviews, the facility failed to report a cessation and breakdown of the elevator system for a period of greater than two weeks. Findings include:  On 1/19/16, the first day of the survey, a sign was posted on the elevator door that stated that is was out of order. Per statements from the Registered Nurse (RN), the elevator had been out of service for two weeks while a new one was installed and when asked if the State Agency (SA) had been notified that the elevator was going to be out of service s/he replied that s/he did not think the notification had been made. S/he further stated the elevator has not been functioning for a full 24 hour period of time since the 1/19/16 when the repairs were completed.  The facility has three levels that residents reside on and one of the residents on the third floor stated, "it is too much to go down for meals and then have to go back down again for an activity." S/he said that she would rather stay upstairs in their room than to have to keep going up and down the stairs all day long and said that at	R191			

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R191	Continued From page 9  his/her age it was too much. S/he also stated that s/he had gotten stuck on the elevator on 1/18/16 and was afraid to use it. During the two days of the survey, the elevator was out of service. The Executive Director confirmed at 1:30 pm that the SA had not been notified.	R191			
R193 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.13 First Aid Equipment and Supplies Equipment and such supplies as are necessary for universal precautions, to meet resident needs and for care of minor cuts, wounds, abrasions, contusions, and similar sudden accidental injuries shall be readily available and in good repair.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to have a First Aid Kit readily available and in good repair. Findings include:  On 1/20/16 at 3:30 pm, the facility was not able to readily produce a First Aid Kit. The Registered Nurse (RN) and two care givers looked for it. It was located at 3:50 pm in a cupboard in the medication storage room. The RN stated that is not where it is to be kept and that someone had put it in the wrong place. S/he further stated that it was the only First Aid Kit they had for the facility, which has three levels and with residents on each level. The First Aid Kit contained a couple of small non adhering pads, a roll of gauze and a few 4 X 4 gauze and tape. There was also a tube of Triple Antibiotic Ointment that had an expiration date of 2013. The RN stated that it should probably have more gauze in case of someone bleeding and s/he also said it should	R193	The first aid kit is readily available and located on the shelf in the med room by a sign that says "First Aid Station." It contains the supplies necessary for universal precautions, minor cuts, wounds, abrasions and contusions. The first aid kit will be checked at the first of every month and re-stocked on an as needed basis.	2/22/16	

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R193	Continued From page 10  have some gloves and not have an outdated tube of antibiotic ointment.	R193		
R213 SS=C	VI. RESIDENTS' RIGHTS  6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the resident's rights.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to respect the privacy of the residents in regards to safeguarding medical records securely. Findings include:  On 1/19/15, during the tour at 10:55 AM, a room on the second floor that is not being used for residents at the present time, had cleaning chemicals and several unsecured medical records of current and discharged residents. The RN said that his/her current project is to organize and store the records and that it is a long process. There is a door from an adjoining bathroom that can be accessed by residents, that also was not locked. The RN stated that the doors should be locked.	R213	The room that is temporarily being used to review and purge resident records has been locked and will remain so until the project is complete and records have been removed, unless there is a staff person in the room.	1/21/16
R250 SS=E	VII. NUTRITION AND FOOD SERVICES  7.2 Food Safety and Sanitation  7.2.e The use of outdated, unlabeled or damaged canned goods is prohibited and such goods shall not be maintained on the premises.	R250		

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R250	Continued From page 11  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that outdated and unlabeled goods were removed from use. Findings include:  1.) On 1/19/16 at 11:50 am, during the tour with the Registered Nurse (RN), the refrigerator used for the activity department had ready-made cookie dough in the freezer that has an expiration date of 8/2015. There was also a plastic bag that was labeled, 'pumpkin puree' and there was no date and the activity director (AD) was unsure who put it in and when. Reviewing the contents of the cupboards presented that there was undated and expired foods, there was an open box of confectioner sugar with an expired date of 2013. There was also an opened bag of flour that had no date as to when it was opened. The AD confirmed that the residents will sometimes use the spices and make cookies. S/he also confirmed at this time that the items in the freezer were not labeled and that some were expired.  2.) During the tour with the RN, there are three freezers that is used to store food for resident consumption. In Freezer #2, there were six packages of pre-cooked pork that had been dated 9/2015. Confirmed with the RN at this time. Interview with the cook at 12:25 pm with the cook provided confirmation that the pork in Freezer #2 had been cooked and divided into smaller packages to use at a later date. S/he stated that it should not be stored longer than 2 or 3 months. Reference: Refrigerator and Freezer Storage Chart fda.gov	R250	The Executive Director met with the food service Chef/Manager and, separately, with the Activities Director, to review the regulations. Both expressed understanding and will comply. The Activities Director has recorded all expiration dates of food in his kitchen on a chart that he will check regularly. The expiration dates of newly purchased items will be entered on the chart as well. The Chef/Manager has checked all stock and will do so regularly going forward, according to a schedule dictated by Glendale, our contracted food service.	2/23/16

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 01/20/2016
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R250	Continued From page 12  3.) In the dry goods storage area there was a case of canned yams with an expiration date of 10/2015. There was one can missing from the case. The RN did not know when yams was last on the menu, but confirmed at 12:10 PM that the cans had a 10/2015 expiration date and that they are not to be used.	R250		
R254 SS=D	VII. NUTRITION AND FOOD SERVICES  7.3 Food Storage and Equipment  7.3.d All equipment, utensils and dinnerware shall be in good repair. Cracked or badly chipped dishes and glassware shall not be used.  This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to insure that all equipment was in good repair. Findings include:  On 1/19/16 at 11:50 am, while on tour with the Registered Nurse (RN), when the door to the refrigerator in the activity room was opened, water spilled out onto the floor from the dairy compartment. The RN asked the Activities Director (AD) what was going on and s/he said that it had been that way for awhile. S/he stated that s/he had not reported the refrigerator leak to anyone and the RN told him to unplug it. The RN confirmed at this time that the refrigerator was not in proper working condition.	R254	Refrigerator is unplugged and not in use. Executive Director met with the Activities Director to review the expectation that all malfunctioning equipment must be reported immediately. He will comply.	2/23/16
R266 SS=F	IX. PHYSICAL PLANT  9.1 Environment	R266		

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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(X5)  
COMPLETE  
DATE

R266

The toaster and coffee maker were removed from the resident's room.

1/21/16

Division of Licensing and Protection

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Division of Licensing and Protection

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R266	Continued From page 15  shouldn't be in her room. 7.) During an interview with the RN and the maintenance director on 1/19/16 at 3:09 PM, the maintenance director stated that during fire drills there is a resident on the second floor that is impractical and requires a great deal of assistance to come down the stairs. S/he stated that the "hold in place" for this resident and when all are out they assist the resident out of the building. In the event of a real fire, the fire department are alerted to the whereabouts of the resident. At this time the RN confirmed that the resident did require assist to use the stairs and the maintenance director confirmed that there was no policy to "hold in place" and that it had not been discussed with the fire department.	R266	The resident who had difficulty coming down the stairs due to his morbid obesity has been successfully working with a psychologist and a coach from the Community Health Team on losing weight. He is using the exercise bicycle twice daily and decided he was ready to use the stairs. Each day he descends the stairs once. He will no longer "stage" at the 2nd floor level in the fire stair tower, but instead will descend the stairs and exit the building independently during drills and actual emergencies.	2/15/16
R302 SS=D	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.  This REQUIREMENT is not met as evidenced by: Based on staff interviews and record review, the	R302	The Facilities Director, who is in charge of scheduling, conducting and recording fire drills, met with the Executive Director to review the <u>licensing</u> regulations regarding drills rather than just the fire marshal regulations. Whether on the day or evening shift, at least one drill per year will be conducted in the afternoon.	2/23/16

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R302	Continued From page 16  facility failed to conduct fire drills that rotate times of day among morning, afternoon, evening, and night. Findings include:  Review of the In-Service Training Records regarding Fire Drills for the facility, there was no evidence that the facility conducted an evening fire drill during the past twelve months. Drills were conducted on 2/4/15 at 11:02 am; 4/6/15 at 3:14 pm; 6/29/15 at 1:31 pm; 8/31/15 at 5:04 am and 12/30/15 at 5:45 am. The Maintenance Director confirmed that there had been no evening fire drills on 1/19/16 at 3:09 pm.	R302		